



EDUCATION ACHIEVEMENT
AUTHORITY of Michigan

ASSESSMENT COORDINATOR IDENTIFICATION

Name of Public School Academy: _____

<u>Assessment</u>	<u>Coordinator</u>
Scantron Performance Series®	_____
ACT® Plan	_____
ACT® Explore	_____
MEAP	_____
MI Merit Exam	_____

I have sufficient knowledge of the facts provided on this form, and that the information contained herein is true and accurate.

Signature

Date

Printed Name

Title